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## APPLICANTS

Francis C. Cheo, Newton, IA;

Brian D. Clark, Des Moines, IA;

Daryl T. Johnson, Grinnell, IA; Jeffrey L. Sears, Grinnell, IA;

Brian S. Wohlgemuth, Kellogg, IA;

## \*\* CONTINUING DATA \*\*\*\*\*

*non gmu*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*non gmu*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

27139

MCKEE, VOORHEES &amp; SEASE, P.L.C.

ATTN: MAYTAG/ WHIRLPOOL

801 GRAND AVENUE, SUITE 3200

DES MOINES , IA

50309-2721

## TITLE

Appliance console bottom attachment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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